(Give place and date) THE UNITED STATES, Dr., Payee's Account No. (Payee) (Payee) (Address) (City) (State) No. and Date of Order Date of Delivery or Service (Enter description, item number of contract or Federal supply or Service (Enter description, item number of contract or Federal supply or Service (Enter description, item number of contract or Federal supply or Service) (Enter description, item number of contract or Federal supply or Service) (Enter description, item number of contract or Federal supply or Service)	U. S. CO.	ST REIMBURS	ABLE	VOUGHER FOR ICES OTHER T			5.4						
The UNITED STATES, Dr., Payer's Account No. (Fayers) (Fayers) (Chet Clay) (Che	(Department, bureau, or establishment)							-	PAID BY				
The UNITED STATES, Dr., Payee's Account No. (Payee) (Payee) (Copy OF 2. (Address) (Copy OF 2. ANTICLES OR SERVICES (Copy OR 2. ANTICLES OR SERVI	· ·	sarca al		(Give place and dat	 θ)			-	\mathcal{G}	0 4			
Copy OF 2 Copy OF 2	THE UNITED	STATES, Dr.,	Paye	s's Account No.				'	CAR				
AYMENT: Complete Partial Date of Dollivery or Services Cost Date of Dollivery Content description, ARTICLES OR SERVICES QUANTITY Cost Per Dollars Cost Date of Dollars Cost Descount Terms Cost	Tô					~~~~~~		_	COP	> 2641	1		
No. and Date of Date o	_		C	Payee)					201	and amount to	gr. 17		
Discount Terms Cost Discount Terms Discount Discount Terms Disc		(Add				(State)		_					
Cost ATMENT: Complete Partial			(Enter description, i	tom number of contra	lat on Fadanal	supply	QUANTITY -	UNIT	PRICE	AMOUN	T		
AYMENT: Complete Partial Use continuation sheet(s) if necessary hipped from to Weight Government B/L No. Total 115 [4] estrify that the above bill is correct and just and that payment has not been received. STATINTL (Sign original only) Stee 4/4/58			Discount Terms			·	-	Cost	Per	Dollars	Ct		
Complete Partial Use continuation sheet(s) if necessary Partial Use continuation sheet(s) if necessary Principle of from to Weight Government B/L No. Total 115 4: eartify that the above bill is correct and just and that payment has not been received. STATINTL (Sign original only) Differences Dif			Cost							115	.43		
Check No	Complete Partial Final												
STATINTL (Sign original only) ate 14/14/58 *Paven ate not received when a like certificate is made by paves on attached bill or billio Per Title Signature or initials) Amount verified; correct for ///5 // (Signature or initials) Amount verified; correct for ///5 // (Signature or initials) Amount verified; correct for ///5 // (Signature or initials) Amount verified; correct for ///5 // (Signature or initials) Amount verified; correct for ///5 // (Signature or initials) Amount verified; correct for ///5 // (Signature or initials) Amount verified; correct for ///5 // (Signature or initials) Amount verified; correct for /// (Signature or initials) Amount verified; correct for //// (Signature or initials) Amount verified; correct for /// (Authorized Certifying Officer) The reverse of this for /// Amount verified; correct for ///							e must NOT	tree this		115	<u>43</u>		
Per				ent has not been receiv	ed.	1	ces		₩ .				
Per Title (Signature or initials) Contract No. A-/O/ Date Req. No. Date Invoice Rec'd. Ursuant to authority vested in me, I certify that this account is correct and proper for payment. Approved for \$	ate 4/4/58	*Pavee	pate not required when a like o	ertificate is made by payee on att.	ached bill or bills)	Amou	nt verified: c	orrect for		× 115	4		
ursuant to authority vested in me, I certify that this account is correct and proper for payment. Approved for \$		1 101				(Signa	ture or initia	ls) Ee					
Approved for \$						D	ate	Ir	voice Rec'c	<u>. </u>			
SIGN ORIGINAL ONLY Title Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) (on Treasurer of the United States in favor or the classification of the United States in favor or the classification optional)				is correct and proper re									
THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)													
THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)	/				Title								
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)	tle									~ = = = = = = = = = = = = = = = = = = =			
Check Nodated, 19, for \$		THE REVERSE OF THIS	S FORM MUST BE EXECUTED W	HEN PURCHASES ARE MADE	OR SERVICES SEC	URED WITHO	UT WRITTEN AGE	REEMENT IN	ANY FORM				
		ACCOUN'	FING CLASSIFICATION	(Appropriation Symb	ool must be sh	own; othe	r classificatio	n options	al)				
					 								
	Check N	lo								nited States in fa	vor of		

Comptroller General, U. S. September 7, 1950 (Gen. Reg. No. 51, Supp. No. 11) Services Other Than Personal Services Other Than Personal

Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

lo. and Date	Date of	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		UNIT PRICE		AMOUNT	
of Order	Delivery or Service			Cost	Per	Dollars	Cts.
		Contract A-101 System IV					
		Direct Costs Properly Chargeable to Contract $A-O$ for the period $3/17$ thru $3/2\overline{3/58}$					
						STATI	NTL
		Labor for Week Ending March 23, 1958					
		Overhead for Control Systems Division computed at interim rate of	-				
		STATINTL Total Labor and Overhead					
		G & A expense computed at interim rate of					
		Total Costs STATINTL				\$ 115	43
		er en					
		vi N e r					
	<u>-</u> .				-		
(, 1		Į	(Į